



**GROWERS' SERVICES PROGRAM**

**TREE PRUNING SERVICES SUPPLEMENTAL APPLICATION**

**A. PROPOSED APPLICANT**

- 1. Name of Applicant: \_\_\_\_\_
- 2. Principal Business Address: \_\_\_\_\_

**B. SERVICE ACTIVITIES AND SPECIALTY**

- 1. a. Contractor License Number: \_\_\_\_\_
- b. Pest Control Business License Number: \_\_\_\_\_
- c. Other License Numbers and Description: \_\_\_\_\_

- 2. Professional Staffing:
  - i. Owners and Partners: ..... # \_\_\_\_\_
  - ii. Other Service Personnel ..... # \_\_\_\_\_
  - iii. Other Employees: ..... # \_\_\_\_\_
  - iiii. Licensed Pest Control Applicators ..... # \_\_\_\_\_

3. Are you licensed to Spray Pesticides and Herbicides? .....  Yes \*  No  
\* **If yes**, please complete the Pest & Weed Control Spraying Supplemental Application

- 4. Estimated percentage **Past Fiscal Year Gross Receipts** from the following categories:
  - a. Tree Trimming below 15 feet: ..... %
  - b. Tree Trimming above 15 feet: ..... %
  - c. Spraying of Lawn, Plants, Trees: ..... %
  - d. Tree Removal: ..... %
  - e. Stump Removal ..... %
  - f. Other(s), List: ..... %
  - TOTAL** ..... **100** %

5. Is the Applicant a current member of a Trade Group or Professional Association?  Yes \*  No  
\* **If yes**, list the name of the group: \_\_\_\_\_

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6. Do you plant trees and shrubs for new construction projects? .....  Yes  No
7. Do you use Cranes? .....  Yes  No
8. Any Logging or Lumberyard work? .....  Yes  No
9. Any blasting work or use of explosives? .....  Yes  No
10. Do you burn brush? .....  Yes  No

<b>NOTICE TO APPLICANT – PLEASE READ CAREFULLY</b>
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It is hereby understood and agreed that the information provided above is true and correct, is material to the Insurer in deciding whether to issue its policy to the Applicant. Further, if such information is false or incomplete, it may constitute a misrepresentation that will: (a) permit the Insurer to modify the terms and conditions of the policy issued to the Applicant (including without limitation to excluding any claim arising from or relating to the false information or non-disclosure); or, (b) void the policy.

**Must be signed and dated by owner, partner or senior officer.**

\_\_\_\_\_  
*(Applicant Signature)*

\_\_\_\_\_  
*(Date: Mo/Day/Yr)*

\_\_\_\_\_  
*(Print or Type Name & Title)*